

**Application Data Sheet**

**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:: Paper

Computer Readable From (CRF)?:: Yes

Number of Copies of CRF:: 1

Title:: METHODS OF PREPARING LYMPHOCYTES THAT  
EXPRESS INTERLEUKIN-2 AND THEIR USE IN THE  
TREATMENT OF CANCER

Attorney Docket Number:: 234872

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ke  
Middle Name::  
Family Name:: LIU  
Name Suffix::  
City of Residence:: Rockville  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 14 Sweetwood Court

City of mailing address:: Rockville  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20850  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name:: A  
Family Name:: ROSENBERG  
Name Suffix::  
City of Residence:: Potomac  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 10104 Iron Gate Road

City of mailing address:: Potomac  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20854

## **CORRESPONDENCE INFORMATION**

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## **REPRESENTATIVE INFORMATION**

Representative Customer Number 1:: 45733  
Representative Designation:: Registration Number:: Representative Name::

## **DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2002/033243	10/15/02

## **FOREIGN APPLICATION INFORMATION**

Country::                      Application Number::    Filing Date::                      Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name::                      Government of the United States of America, represented by  
the Secretary Department of Health and Human Services

Street of mailing address:: Office of Technology Transfer  
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State or Province of  
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Country of mailing  
address::                                      US

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